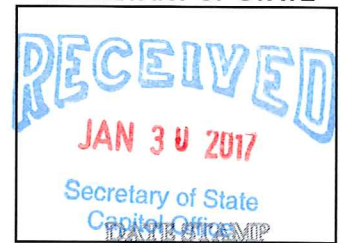


Candidate  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
2016 Annual Report



Name of Candidate John L. Moore  
 Address P.O. Box 20 Brandon, MS 39043 County Lancaster  
 Telephone 601-946-5833 Fax \_\_\_\_\_  
 Office Sought Representative District 60 Email Address RepJohnMoore@gmail.com

☐ Check here if above is different from previous report

☒ **January 31, 2017 Annual Report** (January 1, 2016 through December 31, 2016).....**Mandatory**  
*All candidates, excluding judicial candidates on the November 2016 General Election ballot.*

\_\_\_\_ **Termination Report** (Candidate will no longer accept contributions, make Expenditures, has no outstanding debt obligation and zero cash on hand balance.)

**Required to terminate reporting obligations**

**IMPORTANT**

- (1) Annual Reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (zero) for total amount of reported contributions and expenditures during the reporting period.
- (2) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 5950 +\$ 1000.5	\$ 6950.5	\$ 6950.5
Total amount of disbursements	\$ 15949. +\$ —	\$ 15949.08	\$ 15949.08
Total amount of cash on hand		\$ 31,190.59	

*I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.*

John L. Moore  
Signature of Candidate

1/30/17  
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 813 (1972).

**SEND TO:**

1. Candidates for statewide, state-district, or legislative office file all required reports with the Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to (601) 576-2545.
2. Candidates for county or county-district office file all required reports with the County Circuit Clerk's Office.
3. Candidates for municipal office file all required report with the Municipal Clerk's Office.

Name of Candidate or Committee John L. MooreReporting period 1/1/16 through 12/31/16

## ITEMIZED DISBURSEMENTS

A. Full name	Shell OIL Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	7125 W. 26th St	1/2016	\$ 5926.34
City, State, Zip Code	Sioux Falls, SD	1/1/	\$
Purpose of Disbursement (Optional)	Fuel Expenses	Aggregate Year-to-date	\$ 5926.34
B. Full name	Chevron OIL Co.	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	485 Lake mirror Rd	1/2016	\$ 3786.76
City, State, Zip Code	Atlanta, Ga	1/1/	\$
Purpose of Disbursement (Optional)	Fuel	Aggregate Year-to-date	\$ 3786.76
C. Full name	Regions Bank	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	1595 W. Gov't St	1/2016	\$ 1795
City, State, Zip Code	Brandon Ms 39042	1/1/	\$
Purpose of Disbursement (Optional)	Car Payments	Aggregate Year-to-date	\$ 1795
D. Full name	Bulldog Storage	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 306	1/2016	\$ 1140
City, State, Zip Code	Brandon, Ms 39043	1/1/	\$
Purpose of Disbursement (Optional)	Storage Space for Signs	Aggregate Year-to-date	\$ 1140
E. Full name	<del>T.D. Finance</del> Auto Finance	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	P.O. Box 16035	1/2016	\$ 2660
City, State, Zip Code	Lewiston, ME 04243	1/1/	\$
Purpose of Disbursement (Optional)	Car Payments	Aggregate Year-to-date	\$ 2660
F. Full name	Logostore USA	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	132 Riverview Dr C	1/2016	\$ 640.98
City, State, Zip Code	Pearl, Ms 39208	1/1/	\$
Purpose of Disbursement (Optional)	Ink Pens	Aggregate Year-to-date	\$ 640.98

Name of Candidate or Committee John L. MooreReporting period 1/1/16 through 12/31/16

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Ryan Harper</u>	<u>1/1/16</u>	\$ <u>100</u>
Mailing Address <u>P.O. Box 532</u>	<u>1/1/16</u>	\$ <u>1000</u>
City, State, Zip Code <u>Pelahatchie, MS 39145</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>Brandon Discount Drugs</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>Pharmacist</u>	Aggregate year-to-date	\$ <u>1000</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Rehabilitation Services</u>	<u>8/1/16</u>	\$ <u>1000</u>
Mailing Address <u>100-A Jadek Dr. NE</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Magee, MS 39111</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1000</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>AT&amp;T MS PAC</u>	<u>10/1/16</u>	\$ <u>250</u>
Mailing Address <u>111 East Capital St. Ste 6030</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39201</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Pfizer Pharmaceuticals</u>	<u>10/1/16</u>	\$ <u>500</u>
Mailing Address <u>6730 Lenox Center CT</u>	<u>1/1/16</u>	\$ _____
City, State, Zip Code <u>Memphis, TN 38115</u>	<u>1/1/16</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1/1/16</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500</u>

Name of Candidate or Committee John L. MooreReporting period 1/1/16 through 12/31/16

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Anneuser Busch</u>	<u>8</u> <u>1</u> <u>1</u> <u>16</u>	\$ <u>1000.</u>
Mailing Address <u>P.O. Box 217</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39205</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1000.</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Monsanto</u>	<u>12</u> <u>1</u> <u>16</u>	\$ <u>250.</u>
Mailing Address <u>800 North Lindbergh</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code <u>St Louis, Mo. 63167</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250.</u>
C. Source: <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Friends of MSMS</u>	<u>12</u> <u>1</u> <u>16</u>	\$ <u>500.</u>
Mailing Address <u>1202 S. 34th Ave</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code <u>Hattiesburg, MS 39042</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Denbury Corp.</u>	<u>12</u> <u>1</u> <u>16</u>	\$ <u>500.</u>
Mailing Address <u>5320 Legacy DR.</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
City, State, Zip Code <u>Plano, TX 75024</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1</u> <u>1</u> <u>1</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.</u>

Name of Candidate or Committee John L. MooreReporting period 1/1/16 through 12/31/16

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Comcast Corp.</u>	<u>12</u> / <u>1</u> / <u>16</u>	\$ <u>500</u>
Mailing Address <u>One Comcast Center 1701 JFK Blvd</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
City, State, Zip Code <u>Philadelphia, PA 19103</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Norfolk Southern Corp</u>	<u>12</u> / <u>1</u> / <u>16</u>	\$ <u>250</u>
Mailing Address <u>Three Commercial Place</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
City, State, Zip Code <u>Norfolk, VA 23510</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>250</u>
C. Source <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Baker Donelson MS PAC</u>	<u>12</u> / <u>1</u> / <u>16</u>	\$ <u>200</u>
Mailing Address <u>4268 1-55 N Meadowbrook Office Park</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
City, State, Zip Code <u>Jackson, MS 39211</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>200</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name _____	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Mailing Address _____	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
City, State, Zip Code _____	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Name of Employer (Required) _____	<u>1</u> / <u>1</u> / <u>16</u>	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ _____